

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/831812
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X						51						
2	X						52						
3	X						53						
4	X						54						
5		I					55						
6		I					56						
7		I					57						
8		I					58						
9		I					59						
10		I					60						
11		I					61						
12		I					62						
13		X					63						
14		X					64						
15		I					65						
16		I					66						
17		I					67						
18		I					68						
19	I						69						
20		I					70						
21		I					71						
22	I						72						
23		I					73						
24	I						74						
25		I					75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS